



## **Administrative Simplification Committee**

**September 10, 2013**

### **Meeting Minutes**

The meeting for the Bayou Health Administrative Simplification Committee was called to order by Jen Steele, committee chair.

Committee members introduced themselves to others in attendance. In attendance were: Jen Steele, Kellea Tuminello, Timothy Williams, Melwyn Wendt, Anita Gregoire, Mary-Patricia Wray, Shelton Evans, Hexter Bennett, Michelle Renee, Susan Badeaux, Destiny Rohmfeld, Laura Veazey, Sam Jones, Douglas Boudreaux, Ann Kay Logarbo, M.D., Floyd Buras, M.D., Shan McDaniel, Marie LeBlanc, Libby Gonzales, Cindy Caroon, Kevin Maddox, Renee Simmons, Melissa Bezet, Kevin Campbell, Rachel Broussard, Kyle Viator, Kevin Bridwell and Monet Faulkner. Present on the phone were: Rebecca Gurvich, Linda Rintala, Karl Lirette, Marcus Wallace, M.D., Virginia Plaisance, Rebecca Hebert, Devin George, Lesli Boudreax, Paula Jennings, Dianne Griffin, Joette Smith, Kim Chope, Berkley Durbin and Asbel Montes.

#### March Meeting Follow Up Items

Jen Steele began the meeting by announcing that Kellea Tuminello will be facilitating these meetings going forward. Any communication regarding this committee should be sent directly to Kellea. At the meeting, Kellea handed a document that provided communication from DHH on updates to the action items from the meeting held in July. Those action items are listed below:

- **Birth Notification Process** – DHH is working with Vital Records and the Bayou Health Plans to appropriately share data directly through the hospitals to avoid duplication of efforts. Rebecca Gurvich with Medicaid Bayou Health and Devin George with Center for Records and Statistics are working on this process. Going forward DHH will include LHA on communication of this process.
- **Picking and Choosing/OB Billing-** Mary Johnson reviewed the March 20, 1991 rule that states “*Practitioners who participate as providers of medical services shall bill Medicaid for all covered services performed on behalf of an eligible individual who has been accepted by the provider as Medicaid patient.*” This rule

prohibits Medicaid providers from “picking and choosing” the services for which they agree to accept a client’s Medicaid payment as payment in full for services rendered. Providers must give full disclosure to their patients. DHH will look at the Administrative Code to provide clearer understanding on picking and choosing and will provide an update on OB billing.

- **DHH Compliance with SB 55** – Mary Johnson stated that DHH is on track to be compliant. DHH is publishing the information that is available. Mary stated that she is trying to get pre Bayou Health data included in the annual report.
- **Performance Measures** – Berkley Durbin raised concerns about performance measures that are posted online. She states that there are major inconsistencies between plans and numbers reported. Mary advised the committee that DHH is in the process of revising reports. All reports will be sent to the Health Plans for review on October 1. Health Plans are giving until November 1 to provide comments or issues they have with the report formats. DHH will then review these comments and concerns. Health Plans will be required to start using the new formats by January 1.
- **Policy Update** – Health Plans will now receive Provider Updates which are published bimonthly and mailed to Louisiana Medicaid providers. Dr. Logarbo recommended posting the Health Plan Advisories on [www.makingmedicaidbetter.com](http://www.makingmedicaidbetter.com). DHH will start publishing the Health Plan Advisories at the first of the year.
- **Access to Transportation** – Health Plans’ policy was provided in the handout.
- **Informational Bulletin** - Informational bulletins are available and up-to-date on [www.makingmedicaidbetter.com](http://www.makingmedicaidbetter.com).
- **June 4<sup>th</sup> RA Message** – Louisiana Medicaid policy requires that the global CPT code covering delivery and post-partal visits are not to be billed until after the post-partal visit (Usually about 6 weeks after delivery) occurs. Providers are to wait 6-8 weeks to bill.

- **ACA Update** - In late June, Molina began paying the ACA enhanced reimbursement rate for new claims by physicians/PAs for Fee For Service and Shared Savings enrollees. In July, Molina will adjust physician/PA claims previously paid at the Medicaid rate to reimburse for the difference between the Medicaid and ACA enhanced rates. Also in June, Molina updated its policy and implemented processes for Advanced Practice Nurse Practitioners (APRN) to receive the enhanced rate. The required APRN form was distributed in late June, and APRN payments will be made after claims payment system change testing is completed. Prepaid plan payments are not anticipated until late fall, following execution of required contract amendments, revision of capitation rates, and modification of plans' claims payment systems.

From the discussion, action items for follow up for the next meeting were identified:

1. Additional clarification on Picking and Choosing policy.
2. Follow up on OB Billing.

Meeting adjourned.